

Foster Family Home - Corrective Action Report

Provider ID: 1-190007

Home Name: Talaivosa Moala, CNA

Review ID: 1-190007-4

1929-A Wilder Avenue

Reviewer: Julie Hastings

Honolulu

HI

96822

Begin Date: 11/13/2020

Foster Family Home	Required Certificate	[11-800-6]
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6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.(d)(1)

- Home inspection completed for a 2 person CCFFH recertification

Corrective Action Report issued during home inspection with all approved written corrections due to CTA by 3/10/21

Foster Family Home	Background Checks	[11-800-8]
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8.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

8.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

8.(a)(1)

CG#1, #2 #3, and #4 have no record of fingerprint in binder,
CG#4 has no record of e-Crim in Binder

8.(a)(2)

CG#1 APS/CAN lapsed there are records for 9/21/15 and 2/7/20 only. Nothing in between.
CG#2 Only current APS/CAN in Binder. No previous APS/CAN
CG#3 APS/CAN lapsed There are records for 5/1/15 and 2/5/20 only.
CG#4 has no record of APS/CAN

Foster Family Home	Reporting Changes	[11-800-12]
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12.(4) In the household composition or structure of the home; and

Comment:

12.(4)

Undocumented and unreported CG#4/(HJM #2) living in the room with [REDACTED]. Living there since March 2020 per Cg#1

Foster Family Home	Information Confidentiality	[11-800-16]
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16.(b)(5) Provide training to all employees, and for homes, other adults in the home, on their confidentiality policies and procedures and client privacy rights.

Comment:

16.(b)(5)

CG#4 has no privacy training

Foster Family Home - Corrective Action Report

Foster Family Home

Personnel and Staffing

[11-800-41]

41.(a)(2)	Be a NA, an LPN, or RN;
41.(b)(1)	The primary caregiver must be at least twenty-one years old, and the substitute caregiver shall be at least eighteen years old;
41.(b)(6)	Comply with all applicable federal, state, and county laws, ordinances, rules, regulations, and regulatory requirements, including but not limited to statutes that prohibit discrimination against any person, on the grounds of race, color, national origin, religion, creed, sex, age, marital status, or handicap;
41.(b)(7)	Have a current tuberculosis clearance that meets department guidelines; and
41.(e)	The primary caregiver shall identify all qualified substitute caregivers, approved by the department, who provide services for clients. The primary caregiver shall maintain a file on the substitute caregivers with evidence that the substitute caregivers meet the requirements specified in this section.
41.(f)	The primary caregiver shall maintain a file on all adult household members who are not substitute caregivers with evidence that they have current:
41.(f)(2)	Background checks
41.(g)	The primary and substitute caregivers shall be assessed by the department for competency in basic caregiver skills and specific skill areas needed to perform tasks necessary to carrying out each client's service plan. The documentation of training and skill competency of all caregivers shall be kept in the client's, case manager's, and caregiver's current records with the current service plan.
41.(h)	The primary caregiver shall ensure that all substitute caregivers are approved by the department prior to providing services and shall provide a verbal and written report of all substitute caregiver changes, including additions, terminations and replacements, to the department.
41.(i)	The primary caregiver shall notify the department of any dependent household members or changes in household composition.
41.(j)	When the primary caregiver will be absent or unable to perform regular duties, and clients are present, the primary caregiver shall:
41.(j)(1)	Report the situation to the clients' case management agencies verbally and in writing prior to the planned absence or being unable to perform caregiving duties. Unplanned absences or events that prevent the primary caregiver from performing regular duties must be reported within twenty-four-hours of occurring;
41.(j)(2)	Assure that a substitute caregiver is available and capable of managing all client care and any event occurring in the home; and

Comment:

41.(a)(2) CG#2, CG#3 and CG#4 had no certificate/license in binder

41.(b)(1) CG#2, CG#3, and CG#4 had no ID in binder

41.(b)(6) Staff included unapproved/undocumented CG#4

41.(b)(7) CG#1, CG#2, CG#3, CG#4 and HHM#1 have no record of TB clearance

41.(e) CG#2 and CG#4 do not have CTA Caregiver approval form in Binder.

and 41.(f) There was no information in CCFFH Binder for CG#4/HHM#2

and 41.(f)(2)

and 41.(h)

41.(i) Home had an unapproved/undocumented ■ G#4 caring for and living with the clients.

41.(g) CG#4 does not have skill competencies in binder.

41.(j)

and 41.(j)(1)

and 41.(j)(2) There was no approved CG in the CCFFH upon arrival of this inspector and for approximately 20 minutes after arrival.

Foster Family Home - Corrective Action Report

Foster Family Home

Medication and Nutrition

[11-800-47]

47.(b) The caregivers shall obtain training, relevant information, and regular monitoring from the client's physician, a home health agency, as defined in chapter 11-97, or a Registered nurse for all medication that the client requires.

Comment:

47.(b) CG#4 has no RN delegation or training in Binder.

Foster Family Home

Quality Assurance

[11-800-50]

50.(a) The home shall have documented internal emergency management policies and procedures for emergency situations that may affect the client, such as but not limited to:

50.(e) The home shall be subject to investigation by the department at any time. The investigation may be announced or unannounced and may include, but is not limited to, one or more of the following:

50.(e)(1) Reviews of administrative, fiscal, personnel, and client records;

Comment:

50.(a) No emergency preparedness COVID-19 form in the CCFFH.

50.(e)

and 50.(e)(1) Home was unprepared for departmental visit. Unapproved CG in the CCFFH

Foster Family Home

Insurance Requirements

[11-800-51]

51.(a)(1) General;

Comment:

51.(a)(1)

CCG#4 not on liability insurance.

Foster Family Home

Records

[11-800-54]

54.(b) The home shall maintain separate notebooks for each client in a manner that ensures legibility, order, and timely signing and dating of each entry in black ink. Each client notebook shall be a permanent record and shall be kept in detail to:

54.(b)(1) Permit effective professional review by the case management agency, and the department; and

54.(c)(5) Medication schedule checklist;

Comment:

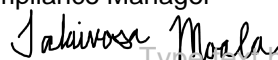
54.(b)

and 54.(b)(1) Client and Personnel records were in disarray and incomplete. CCFFH was borrowing /sharing records with CCFFH operated by family on same property. Each CCFFH is to keep their own records.

54.(c)(5) Client Medication Records were not up to date. last signed 11/5 for Client #1 and 10/8 for client #2



Compliance Manager



Primary Care Giver

2/10/2021

Date

02/11/2021

Date

CTA RN Compliance Manager: Julie Hastings

**Community Care Foster Family Home (CCFFH)
Written Corrective Action Plan (CAP)
Chapter 11-800**

PCG's Name on CCFFH Certificate: Talaivosa Moala

(PLEASE PRINT)

CCFFH Address: 1929 Wilder Avenue A, Honolulu, Hawaii 96822

(PLEASE PRINT)

Rule Number	Corrective Action Taken – How was each issue fixed for each violation?	Date each violation was fixed	Prevention Strategy – How will you prevent each violation from happening again in the future?
8.(a)(1)	Caregivers have attended fingerprint appointment as followed: CG#1 fingerprint completed CG#4 fingerprint completed with a result of - pending CG#2 fingerprint is scheduled CG#3 fingerprint is scheduled CG#4 eCrim record was printed and placed into binder	 3/9/21 3/2/21 3/11/21 3/12/21 2/15/21	Expirations for all caregiver documentation will be placed in binder for 2 months prior to expirations.
8.(a)(2)	CG#1 and #3 lapse cannot be corrected - APS/CAN/PP ordered. CG#1 fingerprint completed with a result of - CG#4 APS/CAN was scheduled and completed	 3/9/21 3/11/21 2/26/21 Results 3/2/221	Expirations for all caregiver documentation will be placed in binder for 2 months prior to expirations.

☒ All items that were fixed are attached to this CAP

PCG's Signature: 

Date: 3/10/2021

☒ CTA has reviewed all corrected items

CTA RN Compliance Manager: Julie Hastings

Community Care Foster Family Home (CCFFH)
Written Corrective Action Plan (CAP)
Chapter 11-800

PCG's Name on CCFFH Certificate: Talaivosa Moala

(PLEASE PRINT)

CCFFH Address: 1929 Wilder Avenue A, Honolulu, Hawaii 96822

(PLEASE PRINT)

Rule Number	Corrective Action Taken – How was each issue fixed for each violation?	Date each violation was fixed	Prevention Strategy – How will you prevent each violation from happening again in the future?
12.4	Caregiver #4 enrolled and completed Nurse Aide class in Decemeber. Ecrim report was printed in February. Job experience form was also filled out in February.	3/2021	All caregivers will have background checks and be approved [REDACTED] prior to working for the CCFFH
16.(b)(5)	Caregiver #4 recieved Privacy training,	3/10/21	All caregivers and household members will have privacy training within 30 days of moving in or working for [REDACTED]
41.(a)(2)	All certificates/licenses for Caregivers #1, #2, #3, and #4 have been printed and placed into binder.	3/5/21	[REDACTED] caregiver ¹ will keep all certificates and licenses in binder. Reminder placed in calendar for 2 months prior to expiration
41.(b)(1)	All IDs for Caregiver #1, #2, #3, and #4 have been copied and placed into binder.	3/5/21	[REDACTED] caregiver ¹ will keep all copy of IDs in binder. Reminder placed in calendar for 2 months prior to expiration
41.(b)(6)	[REDACTED] caregiver ¹ understands she should not have included unapproved/undocumented caregiver.	Once approved by CTA	All caregivers will be [REDACTED] approved

☒ All items that were fixed are attached to this CAP

PCG's Signature: [Signature]

Date: 3/10/2021

☒ CTA has reviewed all corrected items

CTA RN Compliance Manager: Julie Hastings

Community Care Foster Family Home (CCFFH)
Written Corrective Action Plan (CAP)
Chapter 11-800

PCG's Name on CCFFH Certificate: Talaivosa Moala

(PLEASE PRINT)

CCFFH Address: 1929 Wilder Avenue A, Honolulu, Hawaii 96822

(PLEASE PRINT)

Rule Number	Corrective Action Taken – How was each issue fixed for each violation?	Date each violation was fixed	Prevention Strategy – How will you prevent each violation from happening again in the future?
41.(b) (7)	All caregivers and household members have received their TB clearance CG#1 CG#2 CG#3 CG#4 HHM#1	 1/14/21 11/30/21 12/4/21 12/14/21 1/14/21	Calendar reminders for all expirations placed in binder for 2 months prior to expiration.
41.(e)	█████ caregivers approval forms for caregivers #2 and #4 submitted. Caregiver #2 scheduled for fingerprint appointment Caregiver #4 scheduled and attended appointment for APS/CAN fingerprint completed.	3/2021 3/11/21 2/15/21	Calendar reminders for all expirations placed in binder for 2 months prior to expiration
41.(f) 41.(f)(2) 41.(h)	All required documents for Caregiver #4/HHM#2 are being gathered.	3/2021	All caregivers will be required to have background checks and be approved ██████████
41.(i)	█████ Caregiver ¹ working to gather documentations for Caregiver #4 to become an approved	3/2021	All caregivers will be required to have background checks and be approved

☒ All items that were fixed are attached to this CAP

PCG's Signature: Jamie [Signature]

Date: 3/10/2021

☒ CTA has reviewed all corrected items

CTA RN Compliance Manager: Julie Hastings

Community Care Foster Family Home (CCFFH)
Written Corrective Action Plan (CAP)
Chapter 11-800

PCG's Name on CCFFH Certificate: Talaivosa Moala

(PLEASE PRINT)

CCFFH Address: 1929 Wilder Avenue A, Honolulu, Hawaii 96822

(PLEASE PRINT)

Rule Number	Corrective Action Taken – How was each issue fixed for each violation?	Date each violation was fixed	Prevention Strategy – How will you prevent each violation from happening again in the future?
41.(g)	Caregiver #4 now has competencies.	3/2/21	All caregivers will be required to have background checks and be approved [REDACTED]
41.(j) 41.(j)(1) 41.(j)(2)	[REDACTED] Caregiver ¹ returned home and Caregiver #2 arrived.		All caregivers will be [REDACTED] approved.
47.(b)	Caregiver #4 now has delegations	3/2021	All caregivers will be [REDACTED] approved.
50. (a)50. (e)(1)	COVID-19 flyers have been posted	3/5/21	[REDACTED] caregiver ¹ will keep up-to-date emergency preparedness in binder
51.(a)(1)	Caregiver #4 is now on liability insurance	3/2021	All caregivers will be [REDACTED] approved and placed on liability insurance within 30 days of due date.
54. (b)54. (b)(1)	[REDACTED] Caregiver ¹ has organized client and staff binders	3/8/21	Binders for clients and staff will be updated and reviewed for completion monthly.
54.(c)(5)	Client medication administration records are up to date	3/8/21	CCFFH will document all medications daily.

☒ All items that were fixed are attached to this CAP

PCG's Signature: [Signature]

Date: 3/10/2021

☒ CTA has reviewed all corrected items